

Please type a plus sign (+) inside this

+

PTO/SB/121 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**CORRESPONDENCE  
ADDRESS  
INDICATION FORM**

**Address to:**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RECEIVED****MAY 05 2003**

Direct all correspondence to:

**Technology Center 2600****Customer Number:****23117**

Place Customer  
Number Bar  
Label Here →

#

**OR***Type Customer Number here*

Request for Customer Number (PTO/SB/125) submitted herewith.

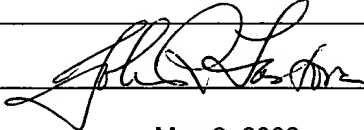
**in the following listed application(s) or patent(s):**

Patent Number (if appropriate)	Application Number	Patent Date (if appropriate)	U.S. Filing Date
	09/662,153		September 14, 2000

Typed or  
Printed Name

John R. Lastova

Signature



Date

May 2, 2003

Address of signer:

1100 North Glebe Road, 8<sup>th</sup> Floor  
Arlington, VA 22202

**(check one)**

Applicant or Patentee



Assignee of record of the entire  
interest. Statement under 37 C.F.R. §  
3.73(b) is enclosed. (Form  
PTO/SB/96)



Attorney or Agent of record

**33,149**

(Reg. No.)

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.\*

☒ \*Total of 1 forms are submitted.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS: SEND TO: Assistant Commissioner of Patents, Box CN, Washington, DC 20231.